

Powered By Curiosity

How research active are you?... asks EMERGE's Julia Grahamslaw in her recent publication in *Emergency Nurse*. Here, Julia explains more about the team's first nursing publication.

After presenting LAVAS and CVLA at the RCN International Conference of Research in Nottingham back in April, I was approached by the editor of the *Emergency Nurse* RCNi magazine. I was asked to write an 800 word article on what EMERGE is, what our role is as research nurses and why emergency nurses should be interested in research. Feeling the buzz after giving two presentations, I immediately said yes, he then said he wanted it on his desk the following Monday!

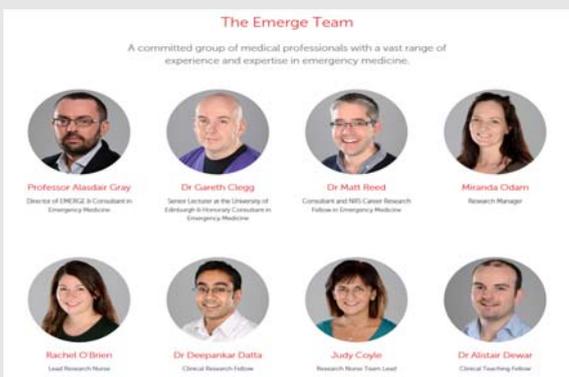
It was a pleasure to tell the nation what EMERGE is. We are growing from strength to strength, with multiple studies on the go, all with the aim of developing evidence based practice to provide the best possible care to our patients. Looking back at my own experience as an emergency nurse and being only too aware of how busy and chaotic the department can get, I can completely empathise that research can be an extra task in a long list. But being

aware of the support for research by EMERGE and the reason why we do it is so important to know and understand as a health care professional. Medicine and health care can only progress through research; behind every intervention there is evidence based practice, brought about by clinical research.



Keep calm and carry on researching!

Julia Grahamslaw - ED Senior Research Nurse



EMERGE is online!

Interested in what EMERGE does? Want to know what studies are active? Stay up to date with our news, team and trials at our new website www.emergeresearch.org

Coming to an emergency department near you... PATCH-ED

August 2015 will welcome PATCH-ED to the ever growing list of current EMERGE studies. This is a pilot study that aims to recruit 100 patients who present to the Emergency Department within six hours of an unexplained episode of syncope. Enrolled patients will have an ambulatory patch monitor fitted which will continuously monitor cardiac function for 14 days. The patch monitor will be analysed and, alongside a patient diary of any symptomatic episodes, will be used to identify patients with significant arrhythmias who will then be followed up by the cardiology team. Troponin and BNP blood tests will be collected and patients will be followed up at 90 days to determine outcome compared with standard care strategies.

This study has the potential to identify patients who have an underlying arrhythmia offering a diagnosis of syncope episode and enabling appropriate follow up and management. In addition, this could lead to fewer hospital admissions for syncope episodes in the future.

Kirsty Simpson – ED Research Nurse

Top spot for EMERGE's Rachel O'Brien and Polly Black at the RCN International Research Nurse Conference 2015

Thanks to Medic One and the Elsie Inglis Grant I was funded to travel to the RCN Research International Research Conference to which Polly & I had submitted a poster outlining our Time & Motion Pilot Study. This was looking at optimising recruitment activities of EMERGE Research Nurses. To our delight our poster abstract was accepted and I travelled down to display it at the conference. During the day, the editor of Emergency Nurse approached me to discuss the study and subsequently has asked Polly and I to write an article for the journal on the study. Much to my surprise at the end of the day, our poster was named as the winning poster and has since been presented at the Scottish College of Emergency Medicine annual conference.

Rachel O'Brien and Polly Black – Senior ED Research Nurses

Meet the AMU Research Nurses Bev Goldberg and Caroline Blackstock.

With backgrounds in emergency care we have joined the Acute Medical Unit (AMU) research team, with the unit soon to be one of the biggest in Europe. Our team has the opportunity to promote evidence-based care and lead the way in clinical excellence, both nationally and internationally. We aim to raise awareness of research activity throughout the department and team. The study we are currently concentrating on is the Global Anticoagulant



Bev and Caroline – AMU Research Nurses

Registry in the FIELD (GARFIELD), which is a worldwide observational study looking at the treatment and outcomes of patients with a confirmed venous thromboembolic event (VTE) and is being led at this site by Dr Ann Lockman. Other upcoming studies include Identification Of Novel psychoActive substances (IONA), led by Dr Michael Eddleston and The Pharmacogenetics of Thiazide Induced Hyponatraemia (TPTIH).

#WhyWeDoResearch

EMERGE has been strengthening its bonds with the #whywedoresearch community.

EMERGE's Miranda Odam and Rachel O'Brien are collaborators, with Paul Gowens, Caroline Hughes and Adam Lloyd becoming ambassadors.

Over 3000 participants involved: keep it up guys!



"Because I would love to think I have all the answers...but I don't"



"Because we don't know what we don't know"



"Every patient matters - 'learning'"



"Share ideas & learn from others to improve patient care"



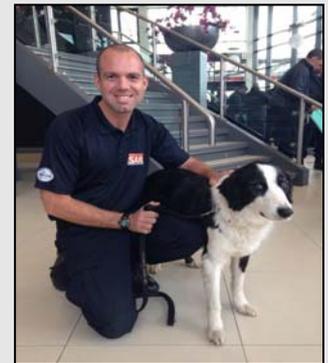
EMERGE celebrates its 500th follower – Edinburgh's Professor of Critical Care – Tim Walsh!





Consultant Dr Richard Lyon provides medical care after the Nepal earthquake. In this interview Dr Lyon explains more about the challenges of relief work, and thanks the staff of NHS Lothian and the emergency department for their support.

How did you become involved in the relief efforts in Nepal? At any one time in the UK there is an ISAR team (International Search and Rescue) which consists of about 70 firefighters who are on standby to leave the UK and fly anywhere in the world. The team has about 14 tonnes of equipment with the primary role being urban search and rescue, for example getting people out of collapsed buildings. This team is supported by an ISAR medical team, of which I am a member. On the day of the earthquake I was working as part of an air ambulance crew when I received a phone call stating we had been put on immediate standby.



What is involved with gathering such a large group of people?

Firstly the Nepalese government had to request international assistance via the United Nations. The UN then have a tasking procedure which goes to the British government who then authorise team activation. We gathered at Stanstead airport to board a chartered flight to Nepal. The aim is to have an ISAR team ready to leave within 4-8 hours.

Arriving in such an environment, how were you and the team co-ordinated?

There are systems in place so that arriving teams should work within an overall structure. The first UN classified team to arrive in country sets up an operations cell. It is then their job to co-ordinate the other incoming teams. For example Kathmandu would be sectorised along with different country's teams – bearing in mind within the first three days there were 67 individual teams arriving in Nepal with 1500 personnel.

Are there any lessons that we could learn from these teams working in extremis?

There is a massive amount of overlap with regards to what we do in an emergency department and during an ISAR team deployment, such as teamwork. Because this is a fire service run operation when you look at their command structure and the roles that are pre-assigned – communications, logistics, leadership – there is great information and people management. This is like our emergency department running a multi-casualty resuscitation or a major incident. Similarly a lot of the drills and pre-defined roles that we have in place could easily be transferred to what we do here in the ED.

What will you take away from your time in Nepal?

It was incredibly rewarding to be involved with the ISAR team. We were able to undertake some really meaningful work, not just functioning as a search and rescue team but being able to provide medical care. A lot of our expertise was utilised in a local 'field' hospital where we had vast numbers of casualties.

...and lastly

I can't thank the staff in the ED enough for their support. There was immediate, overwhelming support from the Clinical Director and senior staff within the emergency department. My colleagues, who knew I was rostered in to work, swapped their shifts to allow me to leave straight away. NHS Lothian were also incredibly supportive, both in my deployment and in the social media awareness.

Staff profile: Mia Paderanga

After completing a BN (Hons) degree in Nursing at the University of Glasgow (2011) Mia already knew her passion was Emergency Medicine. Something about the hustle and bustle of the ED environment drove her to pursue a career in this specialty.

She first worked briefly as a School Nurse for Kilgraston Independent School and afterwards started as a staff nurse in A&E at Glasgow Royal Infirmary (2012-2013). She currently works as a Staff Nurse in A&E Edinburgh Royal Infirmary and is also one of the new members of the EMERGE team. Being part of a team that is hugely influential in improving emergency medicine is something Mia is very proud of and is looking forward to being part of many more projects/research that is yet to come!





Introducing Lisa MacInnes RRG Lead Research Nurse

I'm excited to be joining both RRG and EMERGE and can't wait to get started! I'm a nurse by trade and enjoyed working clinically in recovery services. More recently, I've had a great interest in education, training and development and have held two training roles within the University of Edinburgh, one with Undergraduate medical students and the other staff development for FYs to Consultants. I believe strongly that patient care, research, training and education are inseparable and I'm eager to get my teeth into a project supported by Chest Heart and Stroke Scotland exploring new advances in community COPD patient care and linking into the wider RRG work. I have heard great things about the RRG/EMERGE team and I cannot wait to be their newest member. What lies ahead? I can't wait to find out!
Lisa
RRG Lead Research Nurse

The bystander responder

While considerable efforts have been made to determine the best ways to perform cardiopulmonary resuscitation (CPR) for persons suffering a cardiac arrest, and also to understand what the physical and psychological impact on the victim might be, very little is known about what actually occurs when a lay person is suddenly confronted by someone in cardiac arrest. Despite the bystander's critical role in summoning and delivering help to the victim, almost no information exists as to how the bystander makes crucial decisions, such as when to call emergency services, or whether to begin CPR. Similarly, the impact of such an experience on the subsequent well-being of the bystander, and what support may be helpful or necessary for them, has not been evaluated. Dr Christine Houser along with Joel Symonds from SAS and staff from the UoE and QMU will be investigating this in their First Responder project. The study aims to bridge these gaps in our knowledge, providing the first window into the experience of the OHCA bystander responder. These insights will allow us to identify ways we can improve the early steps in the "chain of survival" following OHCA -- the steps often most likely to bring about the biggest improvements in patient survival and function after a cardiac arrest.

Nurse leadership in high pressure situations

Consultant Gareth Clegg and Nurse Adam Lloyd recently published an article in *Emergency Nurse* along with Professor Rob Crouch. The paper discusses the value and application of nurses' non-technical skills, particularly leadership, when working in high-pressure environments such as the resuscitation room. If you want to know more about this project speak to Adam or Gareth!
Adam – Registered Nurse PhD Student



TEAM	RRG	ED	CONTACT
Prof Alasdair Gray Dr Matt Reed Dr Jen Browning Dr Stephen Lynch Dr Deepankar Datta Miranda Odam RNM Judy Coyle TL Rachel O'Brien Lead RN Julia Grahamslaw SRN Polly Black SRN Kirsty Simpson RN Mia Paderanga RN Caroline Blackstock RN Bev Goldberg RN Bernadette Gallagher SRN	Dr Gareth Clegg Dr Richard Lyon Paul Gowens Dr Sarah Richardson Lisa MacInnes Lead RN Steven Short RO Adam Lloyd PhD Student Dr Al Dewar Dr Scott Clark Dr Scott James Dr Dave Lowe Dr Christine Houser Joel Symonds (3RU team) Dr Frank Prior Donald McPhail (3RU team) and many, many more...	Thank you to all the ED staff for their ongoing support. Saying of the quarter; <i>"Study hard what interests you the most in the most undisciplined, irreverent and original manner possible"</i> Richard P. Feynman	Tel. 0131 242 3867 emerge@nhslothian.scot.nhs.uk www.emergeresearch.org www.rrg-edinburgh.com @emerge_research You can find the EMERGE Office in the; Nursing Directorate Corridor Level 1, near ward 109 51 Little France Crescent Edinburgh EH16 4SA